## **RISK CERTIFICATE**

It is certified	that I agree to deta	il my son/dau	ighter Regt. No	
Rank	Name			_ for
to be held at				
From	to			
I further dec own risk and no co or property.	clare that my son/d mpensation will be			
(Signature of the ca	adet)	(Sig	nature of Parent/	(Guardian)
	COUNT	ERSIGNED B	Y CO UNIT	
	WILLIN	IGNESS CER		
I, Regt. No		Rank	Name _	
of School/College		Un	it:	, willing/
volunteer to partici	pate in camp			to be held
at	from		to	
Signature of Principal with Seal			(Signat	ure of cadet)
	DROWNING	/ ACCIDENT	CERTIFICATE	
I know that nearly the camp si shall do so entirely against drowning a reservoir or canals	at my own risk. I h nd have understoo	are "OUT OF ave been exp d them. I hav	F BOUNDS" to m plained the preca re been told that	ne. If I go there, I utions to be taken not to go near the

entirely at my own risk.

Regtl.No.	Rank	Name of the cadet	Signature of the cadet

Certified that I have explained the orders regarding the precautions to be taken against drowning/accident known all "OUT OF BOUNDS" areas. The cadets have been explained and signed in my presence.

Station :

Date :

(Signature of ANO/ Caretaker)

## MEDICAL CERTIFICATE

1. (	Certified that I have examined No.	Rank		
Name		Son/Daughter of		
of College/School		of unit		
in accordance with the standards laid down in NCC Act & Rules and found him/her				
fit/unfit	to undergo training of strenuous	nature in		
(Name	of camp)from to			
2. I also certify that the above-mentioned Officer / cadet has been inoculated/				
vaccina	ated against			
Station	:	Signature of Medical Officer		
Date :		(by Govt. doctor only)		
<u>Note:</u>	<ol> <li>SI. 2nd is applicable for cadets</li> <li>Strike out same if not applicable</li> </ol>			

## INDEMNITY BOND

In consideration of my being nominated at my request to undergo all types of trainings and also participating in any camp/course/adventure training activities in/outside NCC and while in traveling, I undertake and agree that neither I not my executor nor administrators will make any claim against the Govt. of India or against any Officer, JCO or Armed Forces / Civilian MT Driver or against any person in the service of the Govt. of India in respect of any loss or injury to the property or person(incl injury resulting in death) which I may suffer while or in consequence of my being training/participation camp/ course/adventure training activities in/outside NCC and traveling and I understand that no compensation will be paid by the Govt. of India or any Officer, JCO or any Armed Forces/ civilian MT Driver or against any person in the service of the Govt of India and in respect of any such loss or injury (incl injury resulting in death) and I agree so as to bind myself, executors and administrators to indemnity to the Govt. of India, any officer, JCO or Armed Forces Civilian MT Driver and any person in the service of Govt. of India against any claim which may be made by any third party against them or any of them arising out of any act of default on my part during or in connection of said training/camp/course/adventure training any journey by road/rail/sea/river and flight.

The Govt. has agreed to bear the stamp duty on this document.

Signed by the applicant in presence of:

(Signature of the applicant) Address:

Witnesses: -	
1. Signature	
Name:	
Address:	

Countersignature of parent/ Guardian with date

<ol> <li>Signature</li> </ol>	
Name:	
Address:	